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CONFIRMATION NO. 6898

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/552,935	10/11/2005 RULE	705	3686	VT7-005US		
<b>APPLICANTS</b> Minjoon Kim, Daejeon, KOREA, REPUBLIC OF; Junggon Kim, Seoul, KOREA, REPUBLIC OF; Miseon Yoon, Daejeon, KOREA, REPUBLIC OF;						
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/KR04/00822 04/08/2004						
<b>** FOREIGN APPLICATIONS *****</b> REPUBLIC OF KOREA 1020030022365 04/09/2003						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 06/24/2006						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/RAJ/IV J RAJ/</u> <u>Examiner's Signature</u>		<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b>  KOREA, REPUBLIC OF	<b>SHEETS DRAWINGS</b>  14	<b>TOTAL CLAIMS</b>  46	<b>INDEPENDENT CLAIMS</b>  3
<b>ADDRESS</b>  LAHIVE & COCKFIELD, LLP FLOOR 30, SUITE 3000 ONE POST OFFICE SQUARE BOSTON, MA 02109 UNITED STATES						
<b>TITLE</b>  Method and system for providing tele-healthcare by using household medical devices						
<b>FILING FEE RECEIVED</b>  1205	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		